

State of California

## Department of Alcohol and Drug Programs

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### Cultural Competency Quality Improvement Strategic Plan

2010-2012

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Renée Zito  
Director

Michael Cunningham  
Chief Deputy Director

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## Introduction

As multiple efforts toward health care reform move forward at the state and national levels, it is clear that alcohol and other drug prevention, treatment and recovery services are going to see unprecedented change. The proposed expansion of health care benefits and recognition of the need for adequate and equal treatment for people with substance abuse disorders are welcome signs. However, even these desired changes present challenges to the field.

Fortunately, the California Department of Alcohol and Drug Programs (ADP) laid the groundwork for change with its Strategic Plan in 2006 when it began a transition to outcome-based planning and accountability that would ensure appropriate use of funds and continuous quality improvement (CQI) for prevention and treatment programs. As part of the process for updating the Strategic Plan, the Department conducted internal and external issues assessments with ADP stakeholders, counties and partners. We analyzed organizational strengths and weaknesses and identified three key areas for the 2006-2008 Strategic Plan:

- Provide ongoing leadership in identifying and addressing emerging and priority issues;
- Enhance prevention, treatment and recovery systems statewide;
- Increase the knowledge, skills and abilities of the AOD prevention and treatment workforce.

The coming reforms in national health care that will dramatically expand coverage for the treatment of substance use disorders—and the opportunities for prevention and recovery activities—point to our need to create appropriate health care delivery systems for our diverse communities within California.

The Department has been committed to improving cultural and linguistic competency in the business functions that support the three key strategic areas outlined above as well as outcome-based planning and accountability. Through an extensive and fast-track planning process, the Department adopted the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as the guide for developing a Cultural Competency Quality Improvement Strategic Plan to support CQI in our service delivery system. This Plan supports the Department's Vision, Mission, Core Programs, overall Strategic Goals and the implementation of the Continuum of Services System Re-engineering (COSSR) Project.

The goals and strategies in ADP's Strategic Plan for 2006-2008 spoke directly to cultural competency quality improvement priorities:

- **Goal 10: Develop strategies to plan and support culturally appropriate services.**
  - **Strategy 10.1:** Conduct needs assessments and develop cultural competence management strategies.
  - **Strategy 10.2:** Develop and implement a cultural competence program and service guidelines.

Cultural competency quality improvement is also specifically integrated into COSSR as described in the following COSSR Project outcomes statement:

**A comprehensive and integrated continuum of alcohol and other drug services. The services are effective, high quality, client- and community-centered, sustainable and**

***culturally competent. They have the capacity and resources to facilitate holistic health and promote wellness.***

As part of mandated activities under the federal Substance Abuse Prevention and Treatment Block Grant, the Department launched its Statewide Needs Assessment and Planning (SNAP) project, a data-informed planning process. Designed to operate in three-year cycles, the SNAP process is modeled after the Federal Strategic Prevention Framework (i.e., assessment, planning, implementation, evaluation). It is a state-level system for data-informed decision making to prioritize departmental efforts in addressing statewide substance use disorder needs. It was created to be supportive to other Department initiatives and ongoing efforts as well as local county planning efforts. Two of the five selected priority areas specifically address the cultural competence requirements of our system:

- **Primary prevention should serve those populations and/or communities with the greatest risk factors for alcohol and other drug misuse and abuse.**
- **The Department's planning should include consideration of the state's shifting demographics.**

The Department has long recognized the responsibility of leading the AOD field in implementing a culturally and linguistically competent prevention, treatment and recovery continuum of care. Many past and present initiatives provided repeated opportunities to further our commitment.

The current Plan will help to ensure the highest quality of care for diverse communities within California. As the Department prepares to implement the strategies outlined below, new issues will emerge. The Department will address these challenges proactively, in collaboration with counties, stakeholders and partners, applying core Department values. This Plan addresses a challenge identified in previous strategic planning efforts to proactively ensure that the AOD and problem gambling service delivery systems continue to improve for all Californians. We heartily invite you to join us.

## **CCQI Mission**

To guide efforts to improve culturally and linguistically appropriate alcohol, other drug and problem gambling services through the application of the CLAS standards.

## **CCQI Vision**

Culturally and linguistically appropriate alcohol, other drug and problem gambling services for the communities and the people of California.

## Goals and Objectives

The California Department of Alcohol and Drug Programs (ADP) has adopted the following cultural competence strategic goals for 2010-2012. As part of an ongoing planning and monitoring process, the stated goals will be evaluated periodically.

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### Goal 1

**Ensure that all ADP business functions support culturally and linguistically appropriate AOD and Problem Gambling service delivery.**

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**Strategy 1.1:** Ensure that ADP business functions are supported by a statewide needs assessment that includes the cultural and linguistic dynamics of all Californians which includes factors such as disproportionality and disparity in services and outcomes. (Standards 11, 12)

**Strategy 1.2:** Ensure that the scope of work of all contracts with Counties, contractors or other entities include the provision of culturally and linguistically appropriate service delivery consistent with the CLAS standards. (Standards 1, 9)

**Strategy 1.3:** Ensure that all regulatory language encompassing licensing and certification of facilities and programs requires cultural and linguistic appropriateness consistent with the CLAS standards. (Standards 1, 9)

**Strategy 1.4:** Ensure that AOD counselor certification requirements include cultural and linguistic competency standards as a condition of certification, renewal and continuing education. (Standards 1, 3–Partial, 9)

**Strategy 1.5:** Ensure that ADP provides leadership to counties, stakeholders and partners to improve understanding among Californians that alcoholism, drug addiction and problem gambling are chronic conditions which can be successfully prevented and treated using a culturally and linguistically appropriate continuum of care. (Standard 14)

**Strategy 1.6:** Ensure that ADP continues to enhance relationships with community and business partners that represent the cultural and linguistic richness of California. (Standard 12)

**Strategy 1.7:** Ensure that the implementation of COSSR includes the strategies outlined in this Strategic Plan. (Standards 9, 11, 12)

**Strategy 1.8:** Ensure that ADP demonstrates leadership to counties, stakeholders and partners in development, maintenance, implementation and periodic review of strategic plans that outline clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services. (Standards 8, 9, 14)

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## Goal 2

### Ensure that all ADP business functions support linguistic competence in AOD and Problem Gambling service delivery.

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**Strategy 2.1:** Ensure that competent language access for all ADP business functions and services is in place and notice of this language assistance is communicated verbally and in writing where the public interacts with any ADP Division, Office or Unit. (Standard 4, 5)

**Strategy 2.2:** Ensure that ADP develops and maintains a comprehensive, integrated statewide AOD and problem gambling prevention, treatment and recovery language assistance protocol. (Standard 1)

**Strategy 2.3:** Ensure that all regulatory language encompassing licensing and certification of facilities, programs, and AOD counselors requires that clients from commonly encountered groups be informed verbally and in writing, in their preferred language, about their right to receive language assistance services in AOD and problem gambling service delivery. (Standard 5)

**Strategy 2.4:** Ensure that all contracts with Counties, contractors and/or other entities require competent language assistance in AOD and problem gambling service delivery and that family and friends should not be used to provide interpretation services unless requested by the client. (Standard 6)

**Strategy 2.5:** ADP will make available and ensure that all contracts with Counties, contractors and/or other entities require the availability of easily understood client-related materials, and that they post signage and provide website, in-person, and telephonic information in the languages of commonly encountered groups in the AOD and problem gambling service delivery area. (Standard 7)

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## Goal 3

### Ensure that ADP institutionalizes goals, policies, operational plans and management accountability.

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**Strategy 3.1:** Ensure that ADP develops and implements training and technical assistance to increase the cultural and linguistic competency, knowledge, skills and abilities of the AOD and problem gambling workforce, inclusive of the entire ADP workforce. (Standards 1, 3)

**Strategy 3.2:** Ensure that ADP conducts ongoing self-assessments of its CLAS-related activities, and that cultural and linguistic competence-related measures are integrated into internal audits, performance evaluations, client satisfaction assessments, and outcomes-based evaluations. (Standard 9)

**Strategy 3.3:** Ensure that ADP promotes an organizational culture that supports and values work place diversity. (Standard 2)

**Strategy 3.4:** Ensure that ADP meets the State's obligation to provide equal employment opportunity, and nondiscriminatory employment practices. (Standard 2)

**Strategy 3.5:** Ensure that ADP collects, integrates and periodically updates data on clients' race, ethnicity, spoken and written language in all management information systems and that this is a requirement in all contractual language. (Standard 10)

**Strategy 3.6:** Ensure that ADP maintains current demographic, cultural, and epidemiologic profiles of our clients and performs needs assessments to plan and implement CLAS and that all contractual language includes this provision. (Standard 11)

**Strategy 3.7:** Ensure that all conflict/grievance procedures, internally and externally, are accessible to limited- and non-English proficient people. (Standard 13)

**Strategy 3.8:** Ensure that all conflict/grievance procedures, internally and externally, identify, prevent, and resolve cross-cultural complaints by staff and clients. (Standard 13)

**Strategy 3.9:** Ensure that CLAS implementation efforts and progress information is available on ADP's website and included in all Resource Center outreach activities. (Standard 14)

## Appendix A – ADP CLAS Standards

# ADP Culturally and Linguistically Appropriate Services (CLAS) Standards

### **Culturally Competent Care or Services:**

1. ADP and its regulated/contracted Alcohol and Other Drug (AOD) and Problem Gambling organizations should provide understandable and respectful care or services compatible with clients' cultural health beliefs and preferred language.
2. ADP and its regulated/contracted AOD and Problem Gambling organizations should implement recruitment, retention, and promotion of equal employment opportunity and nondiscriminatory employment practices and leadership that represent the demographic characteristics of the service area.
3. ADP and its regulated/contracted AOD and Problem Gambling organizations should ensure ongoing education in CLAS delivery.

### **Language Access Services:**

4. ADP and its regulated/contracted AOD and Problem Gambling organizations must provide language assistance services at all points of contact, in a timely manner, and during all hours of operation.
5. ADP and its regulated/contracted AOD and Problem Gambling organizations must inform clients of commonly encountered groups verbally, in writing, and in their preferred language about their right to receive language assistance services.
6. ADP and its regulated/contracted AOD and Problem Gambling organizations must ensure the competence of language assistance. Family and friends should not be used to provide interpretation services unless requested by the client.
7. ADP and its regulated/contracted AOD and Problem Gambling organizations must make available client-related materials and post signage in the languages of the commonly encountered groups.

### **Organizational Supports:**

8. ADP and its regulated/contracted AOD and Problem Gambling organizations should have a written cultural competence strategic plan with goals, policies, operational plans and management accountability to provide CLAS.
9. ADP and its regulated/contracted AOD and Problem Gambling organizations should conduct ongoing self-assessments of CLAS-related activities, identify and assess disproportionality and disparities in services and outcomes, and integrate CLAS into internal audits, performance evaluations, client satisfaction assessments, and outcomes-based evaluations.



10. ADP and its regulated/contracted AOD and Problem Gambling organizations should collect, integrate and periodically update data on clients' race, ethnicity, spoken and written language in the health records and management information systems.
11. ADP and its regulated/contracted AOD and Problem Gambling organizations should maintain current demographic, cultural, and epidemiologic profiles of the community and perform needs assessments to plan and implement CLAS.
12. ADP and its regulated/contracted AOD and Problem Gambling organizations should develop participatory, collaborative partnerships with communities to facilitate community/client involvement in CLAS.
13. ADP and its regulated/contracted AOD and Problem Gambling organizations should have conflict/grievance procedures that identify, prevent, and resolve cross-cultural complaints by clients.
14. ADP and its regulated/contracted AOD and Problem Gambling organizations should make information about CLAS implementation available to the public.